

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* EHRlich JASON <hr/> (Last) (First) (Middle) 1200 PAGE MILL ROAD <hr/> (Street) PALO ALTO CA 94304 <hr/> (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol Kodiak Sciences Inc. [KOD]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) _____ See Remarks		
			3. Date of Earliest Transaction (Month/Day/Year) 08/12/2021			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		
			4. If Amendment, Date of Original Filed (Month/Day/Year)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Option (Right to Buy)	\$88.21	08/12/2021		A		50,000		(1)	08/12/2031	Common Stock	50,000	\$0.00	50,000	D	
Restricted Stock Units	(2)	08/12/2021		A		15,000		(3)	(3)	Common Stock	15,000	\$0.00	15,000	D	

Explanation of Responses:

- One-forty-eighth (1/48th) of the shares vest one month after the Vesting Commencement Date (June 30, 2021); the balance of the shares vest in a series of forty-seven (47) successive equal monthly installments measured from the first month anniversary of the Vesting Commencement Date, subject to the Reporting Person's status as a Service Provider (as defined in the 2018 Equity Incentive Plan) on each vesting date.
- Each restricted stock unit represents a contingent right to receive one (1) share of the Issuer's common stock.
- One-fourth (1/4th) of the restricted stock units vest on each of the first four anniversaries of June 15, 2021, subject to the Reporting Person's status as a Service Provider (as defined in the 2018 Equity Incentive Plan) on each vesting date.

Remarks:

Chief Medical Officer and Chief Development Officer

/s/ David Peinsipp, Attorney-in-Fact for Jason Ehrlich 08/13/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.